

OFFICE USE ONLY  
 Log No. 56926  
 Permit No. \_\_\_\_\_  
 Basin. 207

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in  
 accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 16442

1. OWNER Don Inskeep ADDRESS AT WELL LOCATION 5 miles north of end  
mouth of water canyon  
 MAILING ADDRESS Box 699 Hawthorne  
NV. 89415  
 2. LOCATION S/W 1/4 N/E 1/4 Sec. 23 T. 13 NS R. 62 E. White Pine County  
 PERMIT NO. 8 Parcel No. a Subdivision Name \_\_\_\_\_  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top Soil		0	4	4
Sand - Boulders		4	95	91
gravel - Boulders		95	112	17
Hard Rock		112	130	18
clay gravel		130	142	12
Hard Rock		142	160	18
Fractured Rock		160	172	12
Solid Rock - Limestone		172	210	38

*Dry Hole*

*TD 210"*

*backfilled with sand*

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 96 SEP - 5 PM 5:03  
 STATE ENGINEERS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled 210 Feet Depth Cased 0 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 5/8 Inches To 0 Feet  
0 Feet 210 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation 0  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 0 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 8-20 1996  
 Date completed 8-30 1996

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Davis Drilling Contractor  
 Address P.O. Box 54 Hiko NV 89017 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 0028966  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191  
 Signed Milo Davis  
 By driller performing actual drilling on site or contractor  
 Date 8-31-96